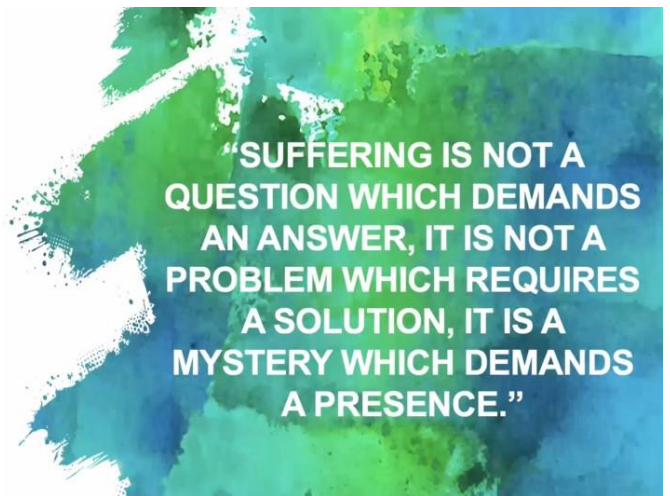


PallCHASE Webinar #12
Clinical Education Series: Hidden Lives, Hidden Patients

To begin the new year, PallCHASE shared the webinar, Psychosocial and Spiritual Care in situations of Trauma and Humanitarian Crises. This webinar is the last webinar of the PallCHASE Clinical Education Series. The webinar was chaired by PallCHASE Executive member Joan Marston, who introduced the two sessions and their speakers.

Speaker #1. Fr. Richard Bauer, a Board Certified Chaplain, with experience working in Africa, as well as Asia and Latin America, spoke on spiritual care and trauma. In his presentation, Fr. Richard hoped that all listeners would be interested and hungry to know more and incorporate spiritual care in their practice. Palliative care is holistic, and just as we all should be able to screen for physical pain, it is likewise important to recognize spiritual distress. Spiritual Distress is the impaired ability to experience and integrate meaning and purpose. Going a step further, Fr. Richard encouraged us to provide comfort without re-traumatizing, which can mean to be present and to listen compassionately.

For compassionate listening, note spiritual themes, such as meaning, hope, acceptance or connectedness (or the lack of these). In adults, spiritual strengths – or spiritual distress – may also include peace, purpose and transcendence. Children draw strength from or distress when there is a lack of aspects like love, faith, hope, integrity and beauty. And both children and adults need to find some spiritual meaning while they have palliative care. In all, be present and it is okay that you do not have all the answers. “Half answers” like “God must have a reason for this” are almost never helpful.



Fr. Richard then spoke on disaster spiritual care, which is unique with more concentrated care and more frequent and intense stress especially in ongoing crises. He recommended to not just ask someone “how are you doing” because that can retraumatize, but instead follow psychological first aid and the goals of disaster spiritual care:

1. Stabilization after the initial impact of trauma
2. Reduction of symptoms
3. Promote resilience and coping
4. Return to adaptive functioning or Referral

Psychological first aid (PFA) is also helpful in ongoing crises. PFA ranges from helping with basic needs (eg. Food, water and information) to offering comfort and listening (but not pressuring them to talk). All these tools and

approaches can help in spiritual care and trauma in this ever-developing field.

SPIRITUAL CARE AND TRAUMA






“The expectation that we can be immersed in suffering and loss daily, and not be touched by it, is as unrealistic as expecting to be able to walk through water without getting wet.”

Remen RN. *Kitchen Table Wisdom: Stories That Heal*. Sydney: Pan Macmillan, 2002.

Finally, as a palliative care provider, Fr. Richard urged us all to be intentional in self-care. Spiritual self-care can include participating in organize religion or practicing meditation or mindfulness. He pointed out how several world religions promote self-care and advised writing a daily self-care plan as well as list positive coping strategies. We do need to care for ourselves and each other in palliative care.

Speaker #2. Olexandra Shymanova, a Jungian Analytical Psychologist, co-founded THE SOUL Ukrainian Psychology Center in 2022, which reaches those still in Ukraine as well as the diaspora in this prolonged war. Her presentation stemmed from the seven pillars that she bases her work in THE SOUL as well as her experience in body-oriented therapy. Olexandra began with the topic of humanitarian settings; where events result in a critical threat to the safety, security, or health of a community. These settings may be very relatable; we could possibly be on a brink of a third world war, and war has been prevalent during almost all human history. In Ukraine, there greatest needs include mental health, military support, and medical needs. The population has also been cut in half, with psychosocial issues of unemployment, high military enrollment, as well as depression and anxiety.

How do we keep the LIGHT for ourselves as well as the people we are serving? Looking at the special needs of psychotherapy in humanitarian settings as well as keep alert to the needs of Ukrainians in country and abroad are crucial. Interactions such as therapy groups, videos, cultural and psycho-educational interventions have formed seven pillars that Olexandra calls the Pillars of Light in the Dark Times. Based on the Elizabeth Kubler-Ross Four Quadrants Model, where health equals balance, she shared the following:

		What is the difference between Psychotherapy and Counselling in	
		Normal Life Situation	Humanitarian Settings ?
<ul style="list-style-type: none"> In terms of Time:  		We have plenty of time	Short, urgent intervention
<ul style="list-style-type: none"> What about Safety:  		There is no life threat	Background alarm and threat to life constantly
<ul style="list-style-type: none"> The Topics direction:  		Growth and Development 	Survival and energy preserving mode 

1. Recognize reality. “I am not what happened to me, I am what I chose to become.” – Carl Jung (Mind)
2. Return to your body through breathing techniques, dynamic exercises, or yoga. (Body)
3. Work on differentiation between what you can control or influence, and what you cannot. (Mind)
4. Find a sense of belonging. When we connect, we can become more resilience. (Heart/emotional)
5. Focus on your roots; your culture, heritage or ancestry which is bigger than yourself. (Soul/spiritual)
6. Allow yourself to process grief and bereavement; art is helpful as pictured to the left. (Soul/spiritual; Emotional)
7. Finally, to incorporate the body, mind, heart and soul, focus on helping each other. The most resilient people are those who keep on doing something constantly for others.

THE SOUL
Ukrainian Psychology Center



Panelist discussion. Our two panelists include Jenny Hunt, a social worker and bereavement specialist who created a bereavement care model and is based in Zimbabwe, as well as Chantale Khadra, a clinical psychologist working with SANAD in Lebanon. They begun

with discussing the possible ways one can offer spiritual care in humanitarian crises. For Jenny, she encouraged members to be present and focus on your communication skills as often, in poverty stricken areas, there are not many resources to offer, but you can offer yourself. Understand that what is happening is unspeakable, she

added, and some may not want to talk much, but ensure that you are present with them. Chantale agreed with this, adding that most people in a humanitarian crisis feel unsafe so your presence and compassionate listening may create a much-needed safe space. If you observe the need for psychiatric support, do try to refer and support interventions. Assessing the spiritual and psychological health of those post-crises is very important.

Chantale addressed a question on how to include spiritual care, saying that we must first recognize that physical care is as important as mental health care; both wounds are important. We cannot divide the person and we all have these domains, which affect our quality of life. Here in Lebanon, Chantale explained, one way we could be there for people after a humanitarian crisis is to help them find coping strategies (could be social or spiritual). Even if it is just one moment with the person, we can use this short time to make them feel safe.

We also discussed prolonged bereavement and the unthinkable loss and grief in ongoing, war-torn communities. Jenny recommended that we think through the two presentations, revisit the purposes of palliative care and bereavement care, and to always listen compassionately, be mindful of our communication, and be present in loss. We know that communities have always found a way to manage loss by using community awareness models, Jenny added. Equipping communities and strengthening them during and after disasters is the way to go; if the communities and families can be supported, that is the way forward to providing spiritual care.

As the webinar ended, we discussed how to provide care in overwhelming times and situations. Jenny and Chantale both agreed with planning self-care and coping strategies beforehand, as presented by Fr. Richard Bauer. Supervision, where you can be accountable and debrief with others, is crucial for you as a carer and Chantale shared that debriefing is a regular practice at SANAD and it is helpful for colleagues to support each other. And as with all aspects of palliative care, Jenny explained, handling overwhelming situations requires self-awareness, which is everything. Revisit your self-awareness and know your self-care plan and support system.

On the PallCHASE front, Erin Das suggested that we can use this network to be open and be sensitive with each other as colleagues. PallCHASE Executive Member Joan Marston emphasized daily time to be mindful and practice breathing techniques, giving an example of a friend in Ukraine who is a frontline medic and has been given no days off in the last 700 days. How do you take a break in these situations? It is the small moments throughout the day that you must take, so that you can keep the light in front of you.